



# UACI CROP SCIENCE PRIVATE LIMITED

20, Park Side Road, Rajeswari Niwas, 3rd Floor, Kolkata - 700026, West Bengal, India  
Contact No. (033) 24649581, Email : universal@universalagri.in  
Website : www.universalagri.net

## APPLICATION FOR DISTRIBUTORSHIP

### PART A: Basic Information of Applicant

- 1) Name of the Organization\* **CHAKI AGRO SCIENCE**
- 2) Full Postal Address for correspondence\*:  
Type of Location: Office  Shop  Godown  Residence   
Street Name **SAHIDGARH SCHOOL PARA MAYNAGURI**  
P.O. **MAYNAGURI** District **JALPAIGURI**  
State **W/B** PIN Code **735224**
- 3) Nature of the Entity\*: Sole Proprietorship  Partnership  Private Limited Co.   
Cooperative/ Society  Others  (Specify) \_\_\_\_\_
- 4) Name of Representative\*: Proprietor  / Managing Partner  / Director  / Authorised Signatory   
**SHOVAN CHAKI**
- 5) Telephone No:  
Office /Shop Landline: (STD Code) \_\_\_\_\_  
Residence Landline: (STD Code) \_\_\_\_\_  
Mobile\*: +91 \_\_\_\_\_ WhatsApp Mobile: +91 **9733467191**  
Email ID\*: **ACC.RKB.CASO@MAIL.COM**
- 6) Preferred mode of communication: Email  Ph.  Whatsapp
- 7) Income Tax Permanent Account No\*: **AFMPC739GA**
- 8) Is the applicant registered under GST\*: Yes  / No
- 9) If yes, is the applicant registered under Composite Scheme of GST : Yes  / No
- 10) GST No **1SAFMP739GA1ZB**
- 11) Pesticide Licence No\* **PO4331** Valid Up to\* **LI / FE / TIME**  
Issued By **GOVT OF WESTBENGAL**
- 12) Micronutrient Licence No\* **F1AG39** Valid Up to\* **12 / 06 / 2025**  
Issued By **DO**

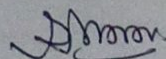
### Signature and Photograph of Person Authorized to Represent the Applicant



Name\* **SHOVAN CHAKI**

Gender\*: Male  Female

Relationship with applicant\*: Owner  Partner  Director  Others

  
Signature\*

Date: **08 02 2023**

**PART B: BUSINESS BACKGROUND OF APPLICANT**

13) Year of Establishment: 2000

14) Number of years for which you are dealing in Pesticides / Micronutrients: 2000

15) Are you a Distributor of any other company dealing in Pesticides\*: Yes  / No

16) If yes, please share the following details on your business with these companies:

| Company Name | Vintage of Relationship (In years) | Key Products Sold Last Year | Approximate Turnover Last Year |
|--------------|------------------------------------|-----------------------------|--------------------------------|
|              |                                    |                             |                                |
|              |                                    |                             |                                |
|              |                                    |                             |                                |
|              |                                    |                             |                                |

17) Are you a Distributor of any other company dealing in Micronutrients\*: Yes  / No

18) If yes, please share the following details on your business with these companies:

| Company Name | Vintage of Relationship (In years) | Key Products Sold Last Year | Approximate Turnover Last Year |
|--------------|------------------------------------|-----------------------------|--------------------------------|
|              |                                    |                             |                                |
|              |                                    |                             |                                |
|              |                                    |                             |                                |
|              |                                    |                             |                                |

19) Details of important markets/ regions in your area:

| Name of the Market/ Region | Your approx. turnover from the market/ region | No. of your Retailers at the market/ region | Name of key Retailers |
|----------------------------|---|---|-----------------------|
|                            |   |   | 1.<br>2.<br>3.        |
|                            |   |   | 1.<br>2.<br>3.        |
|                            |   |   | 1.<br>2.<br>3.        |

20) Are you involved in any other businesses related to agriculture\*? Yes  / No

If yes, please share if you are dealing in

Fertilizers  as Distributor of \_\_\_\_\_

Seeds  as Distributor of \_\_\_\_\_

Others  (specify) \_\_\_\_\_

21) Are you involved in any other businesses **NOT** related to agriculture\*? Yes  / No

If yes, please share broad overview of the nature of business

\_\_\_\_\_

\_\_\_\_\_

**PART C: MARKET INTELLIGENCE & SALES PLAN**

22) For which area do you seek our Distributorship (Area of Operation)\*?

School Pass, Maynaguri

23) What are the main Crops that are cultivated in this area?

| Type        | Crop | Approx. Area | Approx. Volume |
|-------------|------|--------------|----------------|
| Field Crops |      |              |                |
| Field Crops |      |              |                |
| Field Crops |      |              |                |
| Vegetables  |      |              |                |
| Vegetables  |      |              |                |
| Vegetables  |      |              |                |
| Others      |      |              |                |
| Others      |      |              |                |
| Others      |      |              |                |

24) Which are the key Herbicides sold in this area?

| Molecules | Crops | Key Brands | Approx. Volume |
|-----------|-------|------------|----------------|
|           |       |            |                |
|           |       |            |                |
|           |       |            |                |

25) Which are the key Fungicides sold in this area?

| Molecules | Crops | Key Brands | Approx. Volume |
|-----------|-------|------------|----------------|
|           |       |            |                |
|           |       |            |                |
|           |       |            |                |

26) Which are the key Pesticides sold in this area?

| Molecules | Crops | Key Brands | Approx. Volume |
|-----------|-------|------------|----------------|
|           |       |            |                |
|           |       |            |                |
|           |       |            |                |

27) Which are the key Micronutrients/ Crop supplements sold in this area?

| Products | Crops | Key Brands | Approx. Volume |
|----------|-------|------------|----------------|
|          |       |            |                |
|          |       |            |                |
|          |       |            |                |

28) What is your sales plan for our products in the near future\*?

| Name of the Product |           | Quantity |        |
|---------------------|-----------|----------|--------|
|                     |           | Year 1   | Year 2 |
| Herbicides          | istm      | 500      | 1000   |
| Herbicides          |           | 200      | 250    |
| Fungicides          | spw       | 1500     | 2000   |
| Fungicides          |           |          |        |
| Pesticides          | Bilon     |          |        |
| Pesticides          |           |          |        |
| Micronutrients      |           | 300      | 500    |
| Micronutrients      | chakrehar |          |        |

29) Please share if you have any suggestions to improve business

improve Regularity of materials supply.

**PART D: FINANCIAL INFORMATION OF APPLICANT**

30) Primary Bank Account of Business\*:

Name of the Bank

ICICI BANK

Name & address of Branch

DABINAGAR MAYNAGURI

IFSC Code of Branch

ICIC00002621

Account No

26211055001166

Type of Account: Savings/Current/OD

31) Does the applicant have CC/OD facility from any bank\*? Yes  / No

If Yes, Name of Bank

Name & address of Branch

CC/OD Limit (Approx. in Rs lakhs)

32) Security Deposit\* of Rs. 1000/- paid through  Cheque No.  / RTGS

33) Is the Office/ Shop used by the Distributor, owned by the Distributor\*? Yes  / No

If Yes, approx. size

1000 sq ft Address: SCHOOLPARIA MAYNAGURI

34) Is the Godown used by the Distributor, owned by the Distributor\*? Yes  / No

35) If Yes, approx. size

2000 sq ft Address: DO

36) Number of staff employed by the applicant

TEN

37) Does the applicant own any 2-wheeler? Yes  / No

If Yes, Number of such vehicles

FOUR

used for Business  / Personal  / Both

38) Does the applicant own any 4-wheeler? Yes  / No

If Yes, Number of such vehicles

TWO

used for Business  / Personal  / Both

39) Brief details of property owned by the applicant\*:

Does the applicant own any land parcels? Yes  / No

Does the applicant own any house property? Yes  / No

**Part E: List of Documents to be Provided**

|  |  |
|--|--|
| Signed, sealed and dated Distributorship Form along with the following mandatory documents |  |
| For Proprietorship   | <ol style="list-style-type: none"> <li>Signed copy of ID Proof (Aadhaar Card/ Passport/ Driving License)</li> <li>Signed copy of Address Proof (Aadhaar Card/ Passport)</li> <li>Signed copy of PAN</li> <li>Signed copy of GST Certificate (if applicable)</li> <li>Signed copy of Pesticide License</li> <li>Signed copy of Micronutrient License</li> <li>Statement of primary bank account(s) of business evidencing debit and credit transactions, for the last 3 months</li> </ol> |
| Additional documents for Partnership Firm  | <ol style="list-style-type: none"> <li>Signed copy of registered partnership deed</li> <li>Authorization from all partners allowing representative to act and sign on behalf of the firm</li> </ol>  |
| Additional documents for Private Limited Company   | <ol style="list-style-type: none"> <li>Signed copy of Memorandum and Articles of Association</li> <li>BOD resolution allowing representative to act and sign on behalf of the company</li> </ol>   |

**Customer Care**

Email ID: [uaci.ngp2@gmail.com](mailto:uaci.ngp2@gmail.com) / [customer.care@universalagri.in](mailto:customer.care@universalagri.in)

Mobile No: +91 7410040857 / 8336929010

## PART F: GENERAL TERMS & CONDITIONS OF BUSINESS

Listed below are our general terms and conditions of conducting business

1. The company will designate an Area of Operation for the Distributor at the time of initiating the distributorship. The Distributor is required to restrict his operations to his designated Area of Operation only and should not venture beyond the area designated. However, subsequently, the Distributor can alter his Area of Operation but only after prior discussion with the responsible company official
2. The company will appoint a Sales Officer (SO) to serve the Area of Operation designated to the Distributor. While the SO will be first point of contact for the Distributor and should be able to resolve all queries of the Distributor, the Distributor can at any point contact the senior sales officials of the company responsible for this area. Further, for any queries the Distributor can contact the Head Office of the company by sending email at **customer.care@universalagri.in** or by calling the Customer Care Helpline at **+91 8336929010**
3. In addition to the SO, the company may appoint one or more permanent/ temporary sales team members to serve the area as it deems fit. The sales team members will primarily focus on conducting sales promotional activities in the area and engaging with existing or potential customers. The Distributor will be required to support the local sales team by guiding their sales promotional activities
4. The Distributor can place his orders with the respective SO either verbally or in writing or through any documented communication. A confirmation of the material ordered by the Distributor will be shared with him on his registered mobile via SMS/ Whatsapp at the time the order is entered into the company's CRM solution. In case of any issues, the Distributor is required to contact the SO urgently after receiving the intimation
5. The company will deliver material only against confirmed orders placed by the Distributor with the SO. In case the Distributor ever receives any material not ordered by him, either in terms of quantity, packing sizes, or products, the Distributor is required to inform the company about the discrepancy, within 48 hours of receiving the material by sending email at **customer.care@universalagri.in** In the absence of any such emails or other documented communications, it will be assumed that the material received was as per orders placed
6. The company may deliver material at the location specified by the Distributor through 3rd party transporters either in full or part load. At the point of receiving the material from the transporter, the Distributor will be required to physically inspect the material and check the quantity, weight and condition of material supplied
7. The company will only dispatch material which are in saleable & good condition. So, if any damaged material is ever received by the Distributor, it is likely that the goods got damaged in transit. In such a situation, the Distributor should not accept the material and should urgently inform the respective SO of the company about the damage. If the Distributor accepts the material from the transporter, it should be only under express instruction of the respective SO. Further, the Distributor is required to send email at **customer.care@universalagri.in** on this incident within 48 hours of receiving the material. In the absence of any such emails or other documented communications, it will be assumed that the material received was not damaged in anyway
8. The Distributor may be required to pay to the transporter the freight charges at the point of accepting delivery only after inspection of material. The Distributor may be reimbursed for the freight paid either in part of full either by way of deduction from the bill or through a Credit Note
9. If the Distributor reports to have received any material not ordered by him or any material damaged in transit, and the same is verified by the responsible company official, the company may take back the material in question and may make the appropriate adjustments in its books of accounts
10. The company will send a hardcopy of the invoice along with the material. On receipt of the invoice, Distributor is required to reconcile the quantity, packing size and product mentioned on the invoice with the material received. In case of any discrepancy, the Distributor is required to inform the company about the issue within 48 hours of receiving the material by sending email at **customer.care@universalagri.in** In the absence of any such emails or other documented communications, it will be assumed that the material received is as per invoice
11. The company will issue an official Price List of its products covering the area of operation of the Distributor at the beginning of each season. However, the company may revise the Price List from time to time. The Distributor is required to obtain a copy of this Price List or revisions made thereafter either from the respective SO or by sending an email at **customer.care@universalagri.in** The company will invoice its products only at the prices mentioned on the Price List. The Distributor should not expect any prices other than those mentioned on the Price List unless there is a documented communication of the same issued by the Head Office of the company.
12. The company may from time to time, issue benefit schemes covering the Distributor's area of operation. These benefits are typically linked to prompt payments and bulk sale volumes. The Distributor is required to obtain copies of these schemes from the respective SO or by sending email at **customer.care@universalagri.in** The company will provide these benefits only by following the specific terms and conditions mentioned in the scheme. The Distributor should not expect any benefits other than those mentioned on the scheme unless there is a documented communication of the same issued by the Head Office of the company.
13. The company will only sanction the prices and benefits/ schemes mentioned on documented official communications issued by the Head Office of the company. The company will be under no obligation to accept any claims by the Distributor on prices or benefits/ schemes not mentioned on any official communications issued by the Head Office of the company for the Distributor's area of operation. If the local sales representatives commit any special prices or benefits/ schemes, the Distributor is required to obtain an official communication of the same issued by the Head Office of the company before acting on the basis of such commitments
14. The company will accept payment only through Fund Transfers (RTGS/ NEFT/ IMPS) or crossed cheques drawn on any banks other than cooperative banks. The company will not accept any payments in cash. However, if in any special circumstances, the company agrees to accept payment in cash, the Distributor is required to obtain a Money Receipt of the company for such payments from the company official accepting this payment

15. The Distributor paying through cheque must ensure that the cheque issued by him is honored on the date of the cheque. If the bank on whom the cheque is drawn, dishonors the cheque for reasons related to "Insufficient Funds", then the company will levy a cheque Dishonor charge on the Distributor without prejudicing its right to seek legal recourse for such dishonor
16. The company will provide a standard credit period of 90 days from the date of the invoice. The company may offer Cash Discounts for paying dues within 90 days, the details of which are usually provided in the Price List or Schemes applicable for the period. Dues remaining unpaid above 180 days will be considered as Overdue. The company may levy interest on Overdue payments
17. The company will not accept any Sales Return unless the material supplied were damaged in transit. For returning such damaged materials, the company follows a Sales Return Policy. The Distributor is required to follow the terms of this policy for matters relating to sales return and obtain prior approval from the responsible SO before dispatching material. The company will not provide any credit for material returned in violation to its Sales Return policy
18. The Distributor is required not to enter into any financial transactions with any member of the sales team, either in the form of material or funds. All such transactions will be considered as personal and unsanctioned and the company will not be liable for the outcome of such transactions
19. The Distributor will not handover any material to any member of the sales team without specific written instruction issued by the Head Office of the company
20. The Distributor is required to maintain the integrity of the packaging in which the products are supplied by the company at all times and is required not to tamper with the packets, designs, logos and trademarks of the company in any way. Any unauthorized use of the company's designs, logos and trademarks will be counted as an infringement of the intellectual property rights of the company
21. The Distributor is required to comply with all requirements of GST as applicable to him, related to periodic Returns, Credit Notes and others with respect to its transactions with the company. Further, the Distributor may be required to share with the company, upon request, documents supporting compliance of such requirements of GST
22. The company will share with the Distributor, an Account Statement at the end of every 6 months either on his registered email or through any other preferred mode of communication. However, the Distributor can ask for his updated account statement at any time by sending email at [customer.care@universalagri.in](mailto:customer.care@universalagri.in) or by calling the Customer Care Helpline at **+91 8336929010**
23. The company will share with the Distributor, a Confirmation of Accounts at the end of each financial year either on his registered email or through any other preferred modes of communication. The Distributor is required to review the account statement and reconcile the balance on the statement with the balance in his books of accounts. Upon completion of review, the Distributor will be required to sign and seal on the Confirmation and hand it over to the TSM
24. In addition to these, the company may from time to time issue communications on these and/ or other business policies which may, from the date of such communication, supersede any business practices or policies previously followed by the company including but not limited to the ones mentioned above
25. Disputes, if any, will be subject to the jurisdiction of the courts of Kolkata, West Bengal

I, Shovan Chaki acting on behalf of Chaki Agro Science.  
 (Name of Representative\*) (Name of Distributor\*)

hereby acknowledge that

1. I have read, understood and agreed to all the terms and conditions of business
2. All information provided in this form as well as in the enclosed documents, if any, are provided by me and are true to the best of my knowledge and understanding

✓ Shovan  
 (Signature of Representative of Distributor\*)



Date:

Place:

| Name of Company Official | Signature of Company Official |
|--------------------------|-------------------------------|
| <u>Subsala Ghosh.</u>    | <u>Ghosh</u>                  |

## For Internal Use

### Checklist for Sales Team Member Opening Distributorship

|                             | Particulars  | Yes | No |
|-----------------------------|--|-----|----|
| <b>Distributorship Form</b> |  |     |    |
| 1                           | 14 Mandatory fields on Page 1 filled up                        | ✓   |    |
| 2                           | 4 Mandatory fields on Page 2 filled up                         | ✓   |    |
| 3                           | 2 Mandatory fields on Page 3 filled up                         | ✓   |    |
| 4                           | 6 Mandatory fields on Page 4 filled up                         | ✓   |    |
| 5                           | 4 Mandatory fields on Page 6 filled up                         | ✓   |    |
|                             | Signature of representative added on Page 1                    | ✓   |    |
|                             | Photograph of representative affixed on Page 1                 | ✓   |    |
|                             | Signature of representative added on Page 6                    | ✓   |    |
| <b>Supporting Documents</b> |  |     |    |
|                             | ID Proof (Aadhaar Card/ Passport/ Driving License)             | ✓   |    |
|                             | Name on ID proof tallies with PAN                              | ✓   |    |
|                             | Signed and stamped   | ✓   |    |
|                             | Signed copy of Address Proof (Aadhaar Card/ Passport)          | ✓   |    |
|                             | Name on address proof tallies with ID Proof                    | ✓   |    |
|                             | Address on address proof tallies with PAN / License            | ✓   |    |
|                             | Signed and stamped   | ✓   |    |
|                             | Signed copy of PAN   | ✓   |    |
|                             | Name on PAN tallies with ID proof                              | ✓   |    |
|                             | Signed and stamped   | ✓   |    |
|                             | Signed copy of GST Certificate (if applicable)                 | ✓   |    |
|                             | Name on Certificate tallies with ID Proof                      | ✓   |    |
|                             | Signed and stamped   | ✓   |    |
|                             | Signed copy of Pesticide License                               | ✓   |    |
|                             | Name on license tallies with ID Proof                          | ✓   |    |
|                             | License is valid on the date of form                           | ✓   |    |
|                             | If not, proof of application for renewal has been collected    | ✓   |    |
|                             | Signed and stamped   | ✓   |    |
|                             | Signed copy of Pesticide License                               | ✓   |    |
|                             | Name on license tallies with ID Proof                          | ✓   |    |
|                             | License is valid on the date of form                           | ✓   |    |
|                             | If not, proof of application for renewal has been collected    | ✓   |    |
|                             | Signed and stamped   | ✓   |    |
|                             | Statement of primary bank account(s) of business               | ✓   |    |
|                             | Name on account tallies with ID Proof                          | ✓   |    |
|                             | Period is for last 3 months                                    | ✓   |    |
|                             | Primary bank account of business with significant transactions | ✓   |    |
|                             | Signed and stamped   | ✓   |    |
|                             | Blank Cheques  | ✓   |    |
|                             | 3 cheques  | ✓   |    |
|                             | Not of any cooperative banks                                   | ✓   |    |
|                             | Contains valid signature of representative and stamp           | ✓   |    |
|                             | Contains no date   | ✓   |    |
|                             | Is not crossed   | ✓   |    |
|                             | Security Deposit has been collected                            | ✓   |    |
|                             | Existing Distributor of UACI Seeds & Biotech/ Swarna Seeds     |     | ✓  |
|                             | Effect on Existing Network                                     |     | ✓  |
|                             | Name of the nearest distributors (can be more than 1):         |     |    |
|                             | Distance from the nearest distributors:                        |     |    |

|  |         |
|--|---------|
| Proposed Business Volume for this FY (in Rs Lakhs) | 30 LAKH |
| Credit Limit Required (in Rs Lakhs)                | 10 LAKH |

|  |                               |
|--|-------------------------------|
| <b>Approved By:</b> (all forms have to be approved by respective GICs) |                               |
| Name of Company Official   | Signature of Company Official |
|  |                               |



Maynaguri Branch  
Debinagar, Milpara, Post - Maynaguri, Dist. - Jalpaiguri, West Bengal, Pin - 735224  
RTGS / NEFT / IFS Code : ICIC0002621

A/C PAYEE

VALID FOR THREE MONTHS ONLY

DDMMYYYY

Pay UACI CROP SCIENCE PRIVATE LIMITED

OR ORDER

Rupees

₹

A/c No. 262105500166

22/3/22

CARBL CBS  
BUSINESS BANKING : CURRENT ACCOUNT  
Payable at par at all branches of ICICI Bank Limited in India

FOR CHAKI AGRO SCIENCE

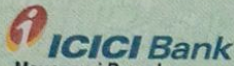
চাকী এগ্রো সাইন্স

Proprietor

PROPRIETOR

Please sign above

⑈002373⑈ 735229501⑈ 500166⑈ 29



Maynaguri Branch  
Debinagar, Milpara, Post - Maynaguri, Dist. - Jalpaiguri, West Bengal, Pin - 735224  
RTGS / NEFT / IFS Code : ICIC0002621

A/C PAYEE

VALID FOR THREE MONTHS ONLY

DDMMYYYY

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OR ORDER

Rupees

₹

A/c No. 262105500166

22/3/22

CARBL CBS  
BUSINESS BANKING : CURRENT ACCOUNT  
Payable at par at all branches of ICICI Bank Limited in India

FOR CHAKI AGRO SCIENCE

চাকী এগ্রো সাইন্স

Proprietor

PROPRIETOR

Please sign above

⑈002374⑈ 735229501⑈ 500166⑈ 29



Maynaguri Branch  
Debinagar, Milpara, Post - Maynaguri, Dist. - Jalpaiguri, West Bengal, Pin - 735224  
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Rupees

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22/3/22

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FOR CHAKI AGRO SCIENCE

চাকী এগ্রো সাইন্স

Proprietor

PROPRIETOR

Please sign above

⑈002375⑈ 735229501⑈ 500166⑈ 29

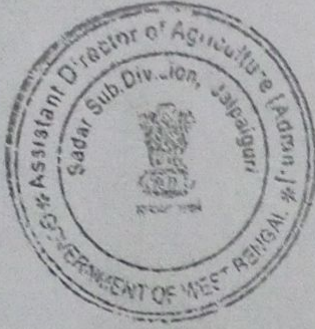
SESHAASAI (K) / CTS - 2010

SESHAASAI (K) / CTS - 2010

SESHAASAI (K) / CTS - 2010

55

Renewal  
License No : F14639



FORM 'A 2'  
ACKNOWLEDGEMENT

[See Clause 8(3)]

Name of the concern: Chaki Agro Science  
Letter of Authorization No. F14639  
Date of Issue: 13/06/2017  
Renewal with effect from 13/06/2020

Valid Upto: 12/06/2025

Received from M/s Chaki Agro Science a complete Memorandum of Intimation alongwith Form O, fee of Rs. 1325 by Reference /GRN bearing number 192020210027844025 dated 03/07/2020, as LOA for Retail Dealer for Subdivision : Jalpaiguri Sadar .

2. This acknowledgement shall be deemed to be the letter of authorisation entitling the applicant to carry on the business as applied for, for a period of 5 years from the date of issue of this Memo of Acknowledgement unless suspended or revoked by the competent authority.

Annexure - A

Shop Details :

JI no : 37 , Dag no : 1278 , Khatian no : 1872 , Road : School Shahidgarh Road , Mouza : Maynaguri , Block : MAYNAGURI , Subdivision : Jalpaiguri Sadar , District : Jalpaiguri , State : West Bengal

Storage details

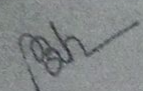
( 1 ) JI no : 37 , Dag no : 1278 , Khatian no : 1872 , Road : School Shahidgarh Road , Mouza : Maynaguri , Block : MAYNAGURI , Subdivision : Jalpaiguri Sadar , District : Jalpaiguri , State : West Bengal

( 2 ) JI no : 52 , Dag no : 1992 , Khatian no : 698 , Road : NH31 , Mouza : Dakshin Khagrabari , Block : MAYNAGURI , Subdivision : Jalpaiguri Sadar , District : Jalpaiguri , State : West Bengal

Annexure - B ('O' Form details)

| Sl. | Company Name | Form number | Valid Upto | Fertilisers |
|-----|--------------|-------------|------------|-------------|
|     |              |             |            |             |

Place: Jalpaiguri Dated: \_\_\_\_\_

  
Assistant Director of Agriculture (Admin)  
Sadar Sub-Division, Jalpaiguri  
(Signature of Notified Authority)



**FORM III**  
**Govt. of West Bengal**  
**Dept of Agriculture**  
office of the **DDA (Admin) Jalpaiguri**

**LICENCE TO SELL, STOCK OR EXHIBIT FOR SALE OR DISTRIBUTE INSECTICIDES**  
[See sub-rules (4) of rule 10]

1. License Number **P04331** Digitized License for **25/02/2011/1000229/I/RL**  
License to **Sell,stock/exhibit for sale/distribution of insecticides** for District : **Jalpaiguri** in  
the premises situated at **Annexure - A**

is granted to -

**M/s Chaki Agro Science**

Shop Address :

-----  
**JI no : 37 , Dag no : 1278 , Khatian no : 1872 , Road : School Shahidgarh Road , Mouza :  
Maynaguri , Block : MAYNAGURI , Subdivision :Jalpaiguri Sadar , District :Jalpaiguri , State  
:West Bengal**  
-----

Email : **acc.akbcas@gmail.com**

Mobile no : **9733467191**

as specified here under:— **Annexure - B**

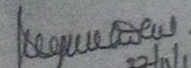
2. The insecticide(s) shall be **Sell,stock/exhibit for sale/distribution of insecticides** under  
the direction and supervision of the following expert staff:

(a) For **Sell,stock/exhibit for sale/distribution of insecticides** :  
( )

3. The licence is subject to such conditions as may be specified in the rules for the time being  
in force under the Insecticides

Act, 1968 as well as the conditions on the certificate of registration and others as stated  
below.

Place: \_\_\_\_\_ Dated : \_\_\_\_\_

  
(Signature of the licensing officer)  
Deputy Director of Agriculture  
(Administration)  
Jalpaiguri



ভারতীয় বিশিষ্ট পরিচয় প্রাধিকরণ

ভারত সরকার

Unique Identification Authority of India

Government of India

ভাষিকাত্তিকর আই ডি / Enrollment No.: 1215/16296/01561

To

শোভন চাকী

Shovan Chaki

S/O: Nripendra Nath Chaki

MAYNAGURI

SHAHIDGAR SCOOL para

Maynaguri

Maynaguri

Maynaguri Jalpaiguri

West Bengal 735224

9434022382

144865376



ML44865376FT



আপনার আধার সংখ্যা / Your Aadhaar No. :

**7349 2169 5796**

আধার - সাধারণ মানুষের অধিকার



ভারত সরকার

Government of India



শোভন চাকী

Shovan Chaki

পিতা : নৃপেন্দ্রনাথ চাকী

Father : NRIPENDRA NATH CHAKI

জন্মতারিখ / DOB : 05/10/1979

পুরুষ / Male



**7349 2169 5796**

আধার - সাধারণ মানুষের অধিকার




(Amended)

Government of India  
Form GST REG-06  
[See Rule 10(1)]

Registration Certificate

Registration Number :19AFMPC7396A1ZB

|  |  |  |  |    |    |
|--|--|--|--|----|----|
| 1.   | Legal Name                             | SHOVAN CHAKI   |  |    |    |
| 2.   | Trade Name, if any                     | CHAKI AGRO SCIENCE   |  |    |    |
| 3.   | Constitution of Business               | Proprietorship   |  |    |    |
| 4.   | Address of Principal Place of Business | NIL, SAHIDGARH SCHOOL PARA, MAYNAGURI, Jalpaiguri, West Bengal, 735224 |  |    |    |
| 5.   | Date of Liability                      | 01/07/2017   |  |    |    |
| 6.   | Date of Validity                       | From   | 01/07/2017   | To | NA |
| 7.   | Type of Registration                   | Regular  |  |    |    |
| 8.   | Particulars of Approving Authority     |  |  |    |    |
| Signature  |  |  |  |    |    |
| Name   |  |  |  |    |    |
| Designation  |  |  |  |    |    |
| Jurisdictional Office  |  |  |  |    |    |
| 9.   | Date of issue of Certificate           | 21/05/2019   |  |    |    |
| Note: The registration certificate is required to be prominently displayed at all places of Business/Office(s) in the State. |  |  |  |    |    |

# FORM 11

[ See rule 58(2) ]

Name Of District : **JALPAIGURI**

Name Of Block : **MAYNAGURI**

Name Of Gram Panchayat : **KHAGRABARI-I**

Trade Registration No:- **1532**

Trade Registration Date:-**26-Aug-2022**

Trade Registration Certificate issue No:- **2**

Issue Date:-**26-Aug-2022**

Trade Registration Certificate issued for the period of: **2022-2023,2023-2024,2024-2025**

To **SHOVAN CHAKI**

(Name of Prop/partner/Director)

Full Address :

VILLAGE - SHAHIDGARH SCHOOL PARA PARA - SHAHIDGARH SCHOOL  
PARA  
POLICE STATION - MAYNAGURI POST OFFICE - MAYNAGURI  
MOUZA - MAYNAGURI/37 DAG - 1278  
PIN NO - 735224

Gram Sansad/ Part No. VII

Description of Trade :FERTILIZER AND PESTICIDE AND SEEDS

Gram panchayat acknowledges a sum of **Rs. 750** (Rupees Seven Hundred and Fifty Only)

From **CHAKI AGRO SCIENCE**

(Name of Trade)

Grant of this certificate shall not absolve the applicant from the requirement of procuring all the statutory clearances to be obtained from the appropriate authority before actual commencement of the trade. If any violation/default is noted later is, the certificate shall be liable to be cancelled and the trade/business shall be closed down with immediate effect.

**This Certificate Is Electronically Generated**

N.B.: Gram Panchayat has every right to cancel or revoke or not allowing renewal of registration at any time

Ref. Application Docket No. NOCSUWS32832336N

<https://wbprd.gov.in/>

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

SHOVAN CHAKI

NRIPENDRA NATH CHAKI

05/10/1979  
Permanent Account Number

AFMPC7396A

Signature



24022015